

BAKER (L.W.)

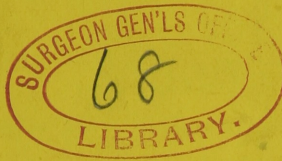
With the writer's Compliments!

COTTAGE HOSPITALS.

BY

LUCIUS W. BAKER, M. D.,

PHYSICIAN IN CHARGE CHILDREN'S HOSPITAL COTTAGES,
BALDWINVILLE, MASS.



READ BEFORE THE MASSACHUSETTS MEDICAL SOCIETY, JUNE 13, 1882.

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In 1859 Mr. Albert Napper established at Cranleigh, Eng., the first village hospital. Since then the cottage hospital plan has gained in popular favor until there are now at least 250 of these small institutions in successful operation in that country. (British Medical Journal, Nov. 19, 1881 : p. 824.)

This movement has not been confined to the United Kingdom : they have become popular on the continent, in the colonies and also to a limited extent in the United States.

A strong conviction exists in the minds of some that large many storied hospital buildings where numbers are gathered under one roof, do not afford the patient the best possible chance for speedy recovery ; it is claimed that small, one story buildings, detached the one from the other, and so situated as to allow at all times the freest exposure to air and sunlight, furnish the best results.

The small size of the wards allow of better classification and treatment of disease, while the more perfect ventilation possible in these small buildings will reduce to a minimum the dangers arising from the presence of an atmosphere which has been contaminated not only with the usual exhalations from the skin and breath, but from suppurating surfaces and excretory discharges.

The tendency in hospital construction is, I think, strongly in favor of the pavilion or cottage plan, with a central administrative building ; be this as it may, there can, I believe, be no question as to the desirability of establishing small or cottage hospitals in the smaller cities and larger towns now destitute of hospital advantages.

The system of cottage hospitals has been well tested in England during the past twenty years where it annually relieves at 50,000 patients, who contribute one-sixth of the cost of least their maintenance to the hospital. (British Medical Journal, Nov. 19, 1881 : p. 824.)

In that country it has been found that cheap wooden buildings, under the care of neighboring physicians, assisted in the management by committees of ladies, provide admirable accommodations for the care and recovery of the sick; furnishing at the same time a pleasant, home-like retreat for a class of patients who otherwise must be treated at their homes or boarding places, in many cases under the most disadvantageous circumstances.

With an average capacity of about seven or eight beds they have there provided small cities and towns with quiet, home-like buildings where the patient can be attended by the physician of his choice, with all the resources of the hospital at his command.

Concerning their value Dr. Habershon of England, recently remarked (British Med. Journal, Dec. 31, 1881.):

"For many years I have had experience of the large wards of a hospital richly endowed and numbering its patients by many hundreds, but have also seen the small cottage hospital, and have known the inestimable benefits derived from them.
* * * The small ward of a cottage hospital is often more suitable for the treatment of *acute* disease than the more roomy but more draughty ward of a large hospital. * * *

"One great defect of our large hospital wards is that there is no opportunity of classifying disease. A physician has all his cases placed together side by side, fever and pneumonia, bronchitis and erysipelas, brain diseases and simple functional maladies of all kinds, rheumatism and cases where sloughy sores may be produced."

"The greatest advantage of a cottage hospital," he continues, "is that many patients, especially those affected with acute disease, to which I have alluded, have a better chance of recovery. So thoroughly have I often felt the truth of this remark that I have been disposed to recommend that patients should go to their own homes and forego the better nursing of the hospital to secure warmth and quietness."

"I trust," he concludes, "that cottage hospitals will be multiplied greatly, and that this great metropolis may have the benefit not only of the large general hospitals, as the centers of medical training and scientific advancement in our profession, but of numerous cottage hospitals, as places where disease can be effectually treated by the medical men in the immediate neighborhood, and that these small hospitals may be made almost if not entirely to support themselves."

Could the system here so highly recommended be generally introduced into the smaller cities and towns of this country, its value can scarcely be calculated, not only to the sufferer now deprived of hospital aid, but to medical men as well, for each physician is expected to take charge of the cases which he sends to the hospital.

On this point Mr. Burdett remarks ("Cottage Hospitals," pp. 163 and 168.):

"There cannot be, and we believe there is not at the present time, in the minds of the medical profession generally any doubt that the establishment of the cottage hospital has been in every way a decided advantage to the country practitioner, and to that portion of the public who reside in country districts. To the one it has given increased experience and reputation among his patients. To the other it has secured the constant residence in the vicinity of a class of professional men, who, thanks to the cottage hospital, are able to bring in the hour of sickness a skill and ripe experience which must tend to strengthen the tie which necessarily exists between practitioner and patient. * * *

"The country practitioner is a distinct gainer by the cottage hospital. It economizes his time and labor. The great difficulty with which a country doctor has to contend is the wide area he must cover in the course of one day's round. In bad cases when more than one visit is necessary in the course of the day, the same ground has to be traversed twice however carefully the visits may be managed.

"Now, however, it has become the rule, at the majority of cottage hospitals, to appoint one member of the staff, either permanently, or, where more than one practitioner resides in the village in which a cottage hospital is established, two or more in rotation a certain number of weeks or months, whose duty it is to look after all the cases in the institution that require special care, and to give him the title of medical director, or medical officer. By this means, when a severe case requiring constant attention and frequent visits occurs in the practice of a country doctor, it is as a rule removed to the hospital, and thus all difficulty and anxiety of the especially harassing kind before alluded to is obviated.

"* * * The duty of the medical director is not to initiate new systems of treatment for any but his own patients, but to carry out the wishes and views of his colleague who would visit his own patients daily and order any alterations which he may deem necessary or advisable."

A few years since the Board of Health of this State sent circulars of inquiry to its correspondents in every city and town of 10,000 inhabitants and upwards, and according to Dr. Adams (Report of Mass. State Board of Health, 1874) it was ascertained, that while Boston possesses fifteen hospitals, with accommodations for over 1000 patients, there are in the rest of the State, exclusive of those for the insane and those belonging to the naval and marine service, but ten hospitals with an aggregate of about 240 beds. All of these are in cities or large towns of 12,000 to 50,000 inhabitants, scarcely any of them having that decidedly rural character which belongs to the English cottage hospitals, many of which are located in very small villages.

In every instance where no hospital existed the correspondent stated that in his opinion, such an institution was needed. This being the case, is there any serious obstacle preventing their more general introduction into this country?

They will certainly provide for a very large class now without hospital privileges; especially are they to be desired in the larger manufacturing towns; in these, many of the employes are without a home, living in boarding places, and in case of accident or disease, they are but poorly provided for. Any physician practicing among mill and other operatives well knows how unsuitable are their boarding places for those so unfortunate as to be sick in them. Our best efforts are most likely to be frustrated by the improper nursing and bad hygienic conditions which so often surround the patient. These difficulties, which so often perplex and embarrass the physician, would be largely diminished had he the cottage hospital within easy reach. Many patients would doubtless be able and willing to pay for the medical care and nursing thus provided; certainly their chances of speedy recovery would be vastly greater in the small home-like hospital, with a trained nurse in attendance, than in the crowded boarding places with which you are all doubtless familiar.

Many of our small cities, and nearly if not quite all of our large towns, are without any hospital accommodations whatever, some of them may have a dispensary and a city physician, but I doubt not the latter will bear witness, that cases come under his observation almost daily which should be removed at once to a hospital.

There is, I believe, urgent need for the establishment of small hospitals in every city and town of 10,000 inhabitants in this Commonwealth.

"There are many reasons," says Dr. Geo. Derby, "for believing that at the present time (1873) small and well arranged hospitals in at least twenty of our busy towns would be the means of saving life and preventing needless suffering to both sick and well." (Report of Mass. Board of Health for 1873.)

One of these small hospitals has been in successful operation at Pittsfield in this state, for several years; another is contemplated at Newton, while a third, intended especially for children, has just been established at Baldwinville.

The necessary building need not be expensive, for as the *British Medical Journal* (Oct. 22, 1881.) remarks, "People must dismiss utterly the idea of having a fine brick, or stone structure, and put up a simple one-story building of wood, with wings for as many wards as there may be demand for. In a place where the experiment has been well considered it is found that a group of four buildings costing not more than six thousand dollars would give all the room needed."

It is somewhat difficult to ascertain the exact cost of cottage hospitals in England, as some are remodelled dwelling houses, others are rented, while some are partially or wholly provided by the generosity of individuals; but the average cost of twelve hospitals, of about eight beds each, taken at random from Mr. Burdett's tables, is not far from five thousand dollars each, while the average yearly expenditure in twenty cottage hospitals of the same capacity is about thirteen hundred dollars in each institution.

At Pittsfield, Mass., a rented building with a capacity of eight beds was occupied for three years, when a new hospital for thirteen beds, was erected, which, including steam apparatus and other extras together with the lot, cost about \$9,500.

In my own experience, with a capacity of at least twenty-five beds for children, \$5,000 will nearly if not quite cover the cost of land and buildings. Of course the expense of construction will vary with the location, but surely there is no town of 10,000 inhabitants in Massachusetts unable to establish and support one or more of these small hospitals, having in connection therewith a dispensary for out patients, if desired.

It would be interesting for us to consider, did time permit, the special uses for which the cottage plan in hospital construction seems to be preferable; as for convalescent homes, for fever hospitals, for the care of the insane, etc.

There is one class, however, to which I desire to call especial attention in this connection. The cottage plan is, I

believe, peculiarly well adapted for the care and treatment of the diseases incidental to childhood. More than any other this class require the fullest supply of pure air, and sooner suffer from its absence. The deteriorating effect of a vitiated atmosphere upon the organism of the child is a matter of the most common observation ; for it is one great cause of infant mortality among the tenement house population.

The best hygienic conditions are always necessary for the proper growth and development of childhood, more than ever are they to be desired in time of disease, when the most skillful and careful attention is requisite to sustain and strengthen the at best feeble vitality.

The hygienic care of children is yearly attracting more attention, and the importance of removing them from the city to the country, for at least a portion of the year is now fully recognized ; in no direction has organized benevolence accomplished more than in caring for the little ones of the city during the heated season.

The contrast between city and country is well shown in the character and mortality of diseases prevalent among children ; how seldom in rural districts do we meet with scrofula, spinal, hip joint and other chronic diseases so common among children, and which are so familiar to the city practitioner.

The unstimulating character of country life, together with the abundance of fresh air and good food there possible, are advantages not to be lost sight of in locating institutions for the care of children. We are slowly learning that large buildings with many inmates under one roof are not the most conducive to the physical or moral welfare of infancy and childhood. Is it too much to hope that the child's hospital of the future (may their number greatly increase!) shall be constructed on the cottage plan, with central administrative buildings, that it shall be surrounded with ample grounds, and that it shall be located in the country, within easy reach of the city if desired, but so situated as at all times to allow of the freest exposure to fresh air and sunlight.

In a single cottage but few patients can be accommodated at one time, they are less liable to disturb each other than in large wards, while the means of ventilation are more simple and efficient. In this way we shall secure all the advantages which country life affords and shall place the child under the best possible conditions for speedy recovery.

There are, I think, but few cases ordinarily admitted to a

children's hospital whose condition would forbid the additional short journey necessary to reach a suburban hospital, while the advantages to be thus gained would, with but very few exceptions, far more than compensate for the distance.

Another class now but poorly provided for, are children suffering from the more chronic forms of disease, in these with the best of care and attention a long time must frequently elapse before a cure can be effected; even if admitted, they are seldom permitted to remain long in any hospital, for the accommodations are limited and the demands of recent cases are urgent. In the great majority of instances, proper care cannot be given them at their homes, while the tax upon the parents, however willing they may be, is very burdensome.

For these children, with their peculiar necessities, it is desirable that hospital cottages shall be established in healthy towns and villages, within reasonable distance from the cities, fitted with all the necessary appliances, and under medical supervision and control.

These will by no means replace the summer sanitarium, but will provide small hospital homes, under the best hygienic conditions, throughout the year, where chronic and incurable cases of disease among children can receive medical treatment, together with such educational, industrial and moral training as may be necessary to meet the requirements of each patient.

By this method much can be accomplished in the way of fitting them to occupy positions in after life, and in many instances prevent their becoming crippled burdens upon society.

"They are the very class," says Jacobi, "who when they grow up with their ailments and incapability to produce, will through the course of their lives consume the marrow of the land in hospitals, refuges, almshouses and penitentiaries." (*Sanitary Care and Treatment of Children and their Diseases*, p. 203.)

For this reason as well as for humanity's sake I venture to ask your kindly consideration of the plan just briefly outlined, for the care of these unfortunates, as a work for which the system of cottage hospitals seems to be well adapted.

Permit me also, in conclusion, to commend this system to our towns and villages for its simplicity, for its home-like surroundings, and for its ready adaptability to the needs of country life, characteristics which have won for it a warm place in the regard of the English people.

A desire having been expressed by a prominent physician that some particulars concerning the Children's Hospital Cottages, now in operation at Baldwinville, Mass., be appended to this paper, I will add, that hospital accommodations in the country are here provided under good hygienic conditions, where children from the city or elsewhere, suffering from chronic diseases may receive medical care and careful nursing, together with all the advantages of fresh air, sunlight and good food which country life affords. It is designed to be a charitable institution, after the English cottage hospital system, which shall take even the poorest child that can be found, and at the same time foster self-pupport by welcoming a return, however small, from relatives or guardians of the little patients, more substantial returns to be expected according as the patient's friends have more ability to pay.



